
PACE

A Guide to the Program of All-inclusive Care for Elderly MassHealth Members



*Commonwealth of Massachusetts
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MassHealth Program of All-inclusive Care for the Elderly

PACE is the Program of All-inclusive Care for the Elderly. PACE is a fully capitated Medicare and Medicaid managed care program authorized under federal regulation and managed jointly by MassHealth and the Centers for Medicare & Medicaid Services (CMS). For a MassHealth member to be eligible to apply for enrollment in the PACE program, the member must be aged 55 or over, reside in a geographical area served by a PACE provider, and be eligible for MassHealth Standard.

PACE Enrollment

PACE organizations (PO) are responsible for verifying potential PACE enrollees' eligibility for MassHealth by checking the Provider Online Service Center (POSC) through MMIS. The POSC User Manual is accessible on the MassHealth Web site at www.mass.gov/masshealth/newmmis. Click on Read Updated Billing Guides, Companion Guides, and Other Publications.

PACE organizations are also responsible for checking POSC monthly to ensure that MassHealth members enrolled in PACE have not lost their MassHealth eligibility.

Potential PACE enrollees who are not MassHealth members should be referred to the MassHealth Enrollment Center in Tewksbury. For more information on enrollment centers, refer to Appendix B of your MassHealth provider manual at the MassHealth Web site www.mass.gov/masshealth. Click on MassHealth Regulations and Other Publications, and then on Provider Library, now click on MassHealth Provider Manual Appendices.

*NOTE- If you have Medicare and MassHealth your premium will be paid by those two programs. If your income is higher, a private pay option is available and you can pay the premium yourself.

Determination of MassHealth Eligibility and PACE

For a MassHealth member to be eligible to apply for enrollment in for the PACE program, the MassHealth member must

- live in the service area of a PACE organization;
 - live in the community (not long term in a nursing home);
 - be 55 years of age or older;
 - be certified by the state to be in need of nursing-facility services;
 - be able to live safely in the community
-
- meet Title XVI disability standards if 55 through 64 years of age;

You do not need to be on MassHealth to enroll in PACE. However, if you meet the income and asset guidelines described below, you may be eligible for MassHealth and MassHealth may pay your PACE premium.

MassHealth income and asset rules for PACE are:

- Countable income must not be greater than 300% of the federal benefit rate. The Federal Benefit Rate changes every year. In 2014, 300% of the Federal Benefit Rate for a single person equaled \$2,163 a month. If a PACE participant's countable income is greater than 300% of the Federal Benefit Rate, private pay options are available. The monthly premium a PACE enrollee is charged is based upon income.
- Countable assets must not be greater than \$2,000.

NOTE: if you are married, your spouse's income and assets are not counted.

Enrollment Requirements

The MassHealth member must choose to enroll in PACE voluntarily and

- live in the geographic area served by the PACE organization at time of enrollment;
- live in a community setting at time of enrollment
- agree to receive all services from the PACE organization, except in the case of an emergency or when traveling temporarily out of the service area; and
- agree to assist his or her primary care physician or primary care team in developing an individualized plan of care.

MassHealth members are not eligible to enroll in PACE if they are

- residents of an intermediate care facility for the developmentally disabled;
- inpatients in a chronic disease or rehabilitation hospital; or
- permanent residents of a nursing facility.

Note: A potential PACE enrollee may be receiving services under a waiver program. If so the individual cannot enroll in PACE – a waiver program. The individual must dis-enroll from current waiver program to enroll in PACE. If an individual is in a program in the Department of Developmental Services (DDS), before enrolling the member, the PACE organization must contact the member's DDS service coordinator to determine whether PACE enrollment is appropriate.

NOTE* If individual is in a DDS waiver he/she cannot enroll in PACE.

For more information call or write to the DDS Central Office at: (617) 727-5608; TTY: (617) 624-7783 Fax: (617) 624-7577

Email: DDS.Info@state.ma.us Address: 500 Harrison Avenue, Boston, MA 02118 for information about DDS services and PASRR regulations.

Enrollment Processing

The Provider Online Service Center (POSC) is accessible via the EOHHS Virtual Gateway. The POSC allows the PACE organizations to process enrollments and disenrollment. The MassHealth PACE enrollment form must be completed by the member or his or her eligibility representative and retained by the PACE organization.

The PACE organization must keep the original MassHealth PACE enrollment form or an electronic image on file while the member is an active participant, and for six years following the member's disenrollment from PACE. All enrollment forms are subject to review by MassHealth and CMS at any time.

The PACE organization must complete the standard HIPAA signature forms and retain these forms in the member record. The PACE organization must maintain current and accurate information regarding who has authority to receive information and to participate in health care decisions on the member's behalf. The PACE enrollment form contains a statement explaining under what circumstances a family caregiver or other responsible person can act as the applicant's eligibility representative making decisions related to voluntary enrollment in PACE on behalf of the member.

Initial Enrollment:

Mass Health Eligible

The first step to enrollment in PACE is confirming the prospective enrollee's financial eligibility for MassHealth Standard and confirming clinical PACE enrollment requirements.

The PACE organization must check the Provider Online Service Center (POSC) to determine the prospective enrollee's MassHealth eligibility status, which must be MassHealth Standard. POSC provides important information about deductibles; spend downs, and patient-paid amount (PPA).

The PACE organization must electronically submit a clinical assessment via the PACE MDS-HC website the month prior to the initial date of the MassHealth Enrollment Center's (MEC) approval for enrollment in PACE. The MassHealth PACE clinical coordinator approves or rejects the MDS-HC for PACE eligibility. If the MDS-HC data do not qualify for eligibility then the submission is returned to the sender for additional qualifying clinical information.

After the PO receives confirmation of clinical and financial eligibility for PACE the PACE organization must key the PACE enrollment into the Virtual Gateway. New enrollments must be submitted by 2PM on the last business day of the month, in order for an enrollment to be effective on the first day of the following month.

Note: Prospective PACE members who are nursing-home certifiable in the community may have access to a 300% of the Federal Benefit Rate income consideration for MassHealth eligibility. For prospective members already in MassHealth Standard the PACE organization needs to submit the PACE waiver and PACE contact information to the Tewksbury MassHealth Enrollment Center (MEC).

Non Mass Health Eligible

If you have Medicare and MassHealth your premium will be paid by those two programs. If your income is higher, a private pay option is available and you can pay the premium yourself.

To find out more about PACE and if there is a PACE program serving your area, contact the **MassHealth Member Customer Service Center** at 1-800-841-2900 TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled or visit the MassHealth website at www.mass.gov/hhs/PACE.

Enrollment Confirmations - HIPAA 834 Transactions

Enrollment confirmations are posted daily and are available for download from the Provider Online Service Center. In addition to the daily enrollment confirmations, a monthly 834 file is available for download. The monthly 834 file contains details of all members for which a monthly capitation payment is being made. For more information on the HIPAA 834 transaction, refer to the 834 Companion Guide available on the MassHealth Web site at www.mass.gov/masshealth.

Submission of Enrollments and Disenrollments

The PACE organization may process new member enrollments and disenrollments through the last business day of the month. The PACE organization must check with the PACE Operations Unit monthly to determine the cut-off time for processing.

NOTE: New enrollments must be submitted by 2PM on the last business day of the month, in order for an enrollment to be effective on the first day of the following month.

All effective enrollment dates are the first of the month following enrollment. All disenrollment dates are the last day of the month in which the disenrollment is requested.

Retroactive enrollment and disenrollment dates are not generally permitted. However, individual consideration will be given on a case-by-case basis.

All member enrollment information is considered protected health information (PHI) under HIPAA. If any member information is faxed, the fax cover sheet must indicate PHI is included. The PACE organization must call the PACE Operations Unit in advance whenever PHI is being faxed. If the information is to be e-mailed the State secure e-mail

system must be used. The PACE Operations Manager will issue instructions to PACE organizations regarding secure e-mail.

Automatic Enrollment Adjustments

Other state agencies or MassHealth units may change MassHealth member eligibility or demographic data. As these changes may affect a member's rate cell, automatic enrollment adjustments are batch processed through NewMMIS.

NewMMIS verifies and edits enrollment information on a daily and monthly basis. PACE status and rate cells will be affected on the following conditions:

- Addition or termination of Medicare Part A, or Part B, or both; and
- Loss of MassHealth eligibility

These changes to PACE enrollment are reported to the PACE organization via the HIPAA 834 enrollment confirmation transaction.

MassHealth Enrollment Centers

The MassHealth Enrollment Center locations are listed below. For more information, refer to Appendix B of your MassHealth provider manual at the MassHealth Web site www.mass.gov/masshealth then click on MassHealth Regulations and Other Publications, and then on Provider Library. Now click on MassHealth Provider Manual Appendices.

For PACE applicants call:

367 East Street
Tewksbury, MA 01876
Phone: 1-800-408-1253

For other Mass Health Applications call:

45-47 Spruce Street
Chelsea, MA 02150
Phone: 1-888-665-9993

333 Bridge Street
Springfield, MA 01103
Phone: 1-800-332-5545

21 Spring Street Suite 4
Taunton, MA 02780
Phone: 1-800-242-1340

Rate Cells

PACE members are assigned rate cells according to whether they are dually eligible for Medicare Part A and MassHealth, or MassHealth only. If PACE members have only Medicare Part B, they are considered MassHealth only.

Status Changes

Demographic Changes

The PACE organization is responsible for reporting any change of address of the participant to the MassHealth Enrollment Center.

If members are receiving MassHealth through SSI, they must report the change in address to the local Social Security Administration office. MassHealth cannot change SSI member records.

Note: The most common reason MassHealth members lose their eligibility is unreported address changes, because financial redetermination forms do not reach the members who have moved and are not completed as required.

Disenrollment

A PACE organization must include a disenrollment reason with all disenrollment requests.

On the disenrollment panel, enter a disenrollment reason from the list below. If the reason for disenrollment is death of the member, enter the date of death.

- Moved out of service area
- Provider network unacceptable
- Dissatisfied with health care
- Dissatisfied with appeal decision
- Death (date of death is required)
- Transportation problem
- Difficulty contacting doctor
- Problem receiving emergency treatment
- Language barrier
- Poor access for disabled members
- Takes too long to get appointment
- Dissatisfaction with specialty care

- Health care needs changed
- Did not meet clinical needs requirements
- Request by PACE
- Improperly enrolled
- Fair hearing appeal decision

Involuntary Disenrollment

Involuntary disenrollment requests must be preapproved by the State Administrating Agency.

The PO must present a detailed explanation with all applicable documentation to the MassHealth PACE Program Manager before entering the disenrollment transaction. The participant has appeal rights to the Board of Hearing and that information needs to be a part of the documentation that is sent to participant.

Admissions and Discharges from Nursing Facilities

Whenever a PACE community member is admitted to or discharged from a nursing facility, the contracted nursing facility must submit the SC-1 form (Status Change for a Member in a Nursing Facility, Chronic Disease and Rehabilitation Inpatient Hospital, or Rest Home) to the appropriate MassHealth Enrollment Center with “PACE Member” clearly indicated on the form.

If the SC-1 form is not clearly indicated as “PACE Member,” the MassHealth Enrollment Center cannot process the status change.

When the institutional member is discharged from the nursing facility, send the SC-1 form to the Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876, 1-800-408-1253.

MassHealth Capitation Payments

Monthly capitation is a prospective dollar payment per member per month MassHealth pays to a PACE provider to cover a specified set of enrollee services and administrative costs.

Monthly Payment Cycle

Capitation Payment Run	1 st week of each month (Monthly 8200 and 8201 reports are generated for PACE Providers)
MMIS Financial Cycle	2 nd week of each month

Comptroller Processing	2 nd week of each month
EFT issued	End of the 2 nd week of each month
820 issued	End of the 2 nd week of each month

Financial Reconciliation

On a monthly cycle capitation payments are retrospectively reconciled for three months. Retroactive member enrollment changes that occur three months from the current capitation month will be adjusted automatically. The annual reconciliation cycles are run per request pending MassHealth approval.

Patient-Paid Amount and Spend Downs

Patient-Paid Amount (PPA) is the portion of monthly income that a member in a nursing facility must contribute to the cost of care. When a PACE member transitions to a nursing facility the PPA is reduced from the monthly capitation payment to the PACE provider. The PACE provider is responsible for reconciling the PPA with the appropriate facility and reconciling the deductibles (spend downs) per member.

Payment Confirmations-HIPAA 820 Transaction

Payment confirmations are posted monthly and are available for download from the Provider Online Service Center in the HIPAA 820 record format.

For more information about the HIPAA 820 transaction, refer to the 820 Companion Guide available at www.mass.gov/masshealth.

PACE Application Submissions

Minimum Data Set – Home Care (MDS-HC) is the comprehensive assessment and screening tool used for data submission to MassHealth for most services and programs for elders residing in community settings across the state.

A registered nurse must complete the MDS-HC for PACE. A good resource link for the specialized MDS-HC manual, updates and information is www.interRAI.org.

Complete all submissions using MDS-HC via the Web-based electronic version. Complete the Request for Services (RFS) form with all submissions. Also include accurate enrollment, discharge, and assessment dates with all submissions to coincide with other required documentation.

All medical data submitted via MDS is considered current if gathered within 90 days of submission. Certifications are effective for 6 months. The PACE organization must request a redetermination whenever a significant status change occurs within 30 days of application.

New PACE Members

A registered nurse from the PACE provider is responsible for the completion of the initial MDS-HC for a prospective PACE member. A licensed Social Worker (LSW, LCSW, and LICSW) may complete sections: AA, BB, CC, B, C, E, F, G, and O. No other licensed or other professional may complete sections of the MDS-HC.

A physician must sign off in Section R.

Submit the initial MDS-HC, with the RFS, to the MassHealth RN. A formal approval and authorization notice will be issued by the MassHealth nurse. Keep this notice in the member's record. It must be made available to MassHealth or CMS upon request.

When the initial MDS-HC has been evaluated by the MassHealth RN, the approval will be entered into MMIS by the MassHealth RN. PACE Certification must be recorded in NewMMIS before a new member enrollment can be submitted.

Reassessments

Annually, one month before the anniversary date of the member's initial enrollment, submit an MDS-HC reassessment for the member using the electronic application located on the MassHealth Web site at www.mass.gov/masshealth.

Management Reports

Use of the HIPAA 834 and 820 transactions is optional.

NewMMIS generates management reports that are available for download from the NewMMIS Provider Online Service Center. These reports include enrollment and payment information that can be used in lieu of the 834 and 820 transactions. The reports are produced monthly at the time the capitation payments are calculated.

The following is a list of NewMMIS reports.

Monthly New Enrollments

Monthly Disenrollments

Monthly Capitation Payments

Monthly Member Lost Eligibility

Monthly Other Insurance (members with Medicare Hospice or Medicare Advantage)

Daily 834 batch Enrollment Errors (if inbound 834s were submitted)

Monthly Capitation Errors

Quarterly Capitation Payments

Annual Capitation Payments

Capitation Demographics

E-Learning Reports

Other Provider Reports

Monthly Grievance Logs

Monthly Appeal Logs

Key MassHealth PACE Contacts

The Coordinated Care Systems Unit, MassHealth Office of Long Term Supports and Services, manages the PACE program. The office is located at One Ashburton Place, 5th Floor, Boston, MA 02108.

Director of Coordinated Care - 617-222-7466

PACE Program Manager - 617-222-7485

PACE Operations Coordinator - 617-222-7518

PACE Clinical Coordinator - 617-222-7425

MassHealth Member Customer Service Center Toll-free - 1-800-841-2900

for people who are deaf, hard of hearing, or speech disabled - TTY: 1-800-497-4648 or
visit the MassHealth website at www.mass.gov/hhs/PACE.